



Personal Information:

Full Name: _____
Present Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Additional Contact Info: _____
What position are you applying for? _____

Education (High-School/Cosmetology/Barber/Other):

High School: _____ Graduated? _____ Year: _____
Cosmetology/Barber School: _____
Graduated? Yes _____ No _____ If Yes, month/year: _____
If not, Why? _____ # of hours to Date: _____
College/Trade/Other: _____

Are you a licensed cosmetologist/barber? _____ License No. _____ State _____

If so have you attended advance training? Yes _____ No _____

Please list any advanced training:

Have you held any leadership positions? (I.e. school, employment, clubs etc.) If yes, briefly describe:

Please answer the following:

Are you available to work weekends? Yes _____ No _____ If No, Why? _____

Are you available to work evenings? Yes _____ No _____ If No, Why? _____

Are you willing to attend training classes outside of working hours? Yes ____ No ____

If No, Why? _____

Will you have difficulties providing your own model for classes? Yes ____ No ____

If Yes, Why? _____

Employment history starting with the most recent

Business Name: _____

Address: _____

Dates Employed: _____ to _____ **Supervisors Name:** _____

Job Title: _____ **Final rate of pay:** _____

Responsibilities:

Reason for leaving:

Business Name: _____

Address: _____

Dates Employed: _____ to _____ **Supervisors Name:** _____

Job Title: _____ **Final rate of pay:** _____

Responsibilities:

Reason for leaving:

Business Name: _____

Address: _____



Dates Employed: _____ to _____ Supervisors Name: _____

Job Title: _____ Final rate of pay: _____

Responsibilities:

Reason for leaving:

Are you currently employed? Yes ___ No ___ If yes, can we contact your employer? Yes ___ No ___

3 References not related to you that you have known for 1 year.

Name	Phone	Business	Years known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application could be grounds for dismissal. I authorize investigation of all statements and agree references listed above may give any information regarding my fitness for employment. I release all parties from all liability for any damage that may result from furnishing this information.

Signature _____

Date _____